

**DEPARTMENT OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL  
BED HEAD TICKET**

Printed By: \_\_\_\_\_

MONTU DEY

Male

64

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PA19038761

05-Jul-2019

12:46

Patient's Name : \_\_\_\_\_ Sex : \_\_\_\_\_ Age : \_\_\_\_\_ Yrs. Months Da

Patient Srl. No. : \_\_\_\_\_ Admission Date : \_\_\_\_\_ Admission Time : \_\_\_\_\_ Patient Category : PAYING/CABIN/GENERAL

Registration No. : \_\_\_\_\_ Charge Coll. No. : \_\_\_\_\_  
Ward : \_\_\_\_\_ Indian Bed No. : \_\_\_\_\_ Patient Type : OPD/ER

Address : \_\_\_\_\_ Municipality / Village : \_\_\_\_\_ Post Office : \_\_\_\_\_ PIN : \_\_\_\_\_

Police Station : \_\_\_\_\_ District : \_\_\_\_\_

State : \_\_\_\_\_ Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_

Address for Communication : \_\_\_\_\_ Patient's Occupation : \_\_\_\_\_

Marital Status : \_\_\_\_\_ Husband's Name : \_\_\_\_\_

Father's Name : \_\_\_\_\_ Phone / Mobile No. : \_\_\_\_\_

Brought By : \_\_\_\_\_

Doctor/UNIT : \_\_\_\_\_

Whether Referred From : \_\_\_\_\_

Provisional Diagnosis : *Dialysis (43)*

Signature of Admitting Officer  
Designation

IPC Serial No. : \_\_\_\_\_

Diary No. : \_\_\_\_\_

| Specify if it is a cause of accident/ Suicide/Homicide | How injury Occurred | Specify the place of injury Home/Farm Factory / Street / Others | Whether injury occurred while at work Specify by Yes / No. |
|--|---------------------|---|--|
|  |                     |   |  |

(To be filled in BLOCK LETTERS at the end of Hospital Stay)

(a) Outcome : Discharged/Left Against Medical Advice / Absconded / Referred out / Death

(b) Final Diagnosis or Injury .....

(c) Principal Complications .....

(d) Principal Associated Diseases .....

Stay in Hospital (in days) ..... From ..... to .....

Date and Hour of Death ..... at ..... Hrs .....

Counter Signature of the Visiting Staff / Medical Officer  
Regn. No. :

Signature of the Doctor with Designation  
Regn. No. :